

Sheet 1 of 2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 69/96,182		FILING DATE	
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	/	/	/
2						52		/	/
3						53		/	/
4						54		/	/
5						55		/	/
6						56		/	/
7						57		/	/
8						58		/	/
9						59	/	/	/
10						60		/	/
11						61		/	/
12						62		/	/
13						63		/	/
14						64		/	/
15						65		/	/
16						66		/	/
17						67	/	/	/
18						68		/	/
19						69		/	/
20						70		/	/
21						71		/	/
22						72		/	/
23						73		/	/
24						74		/	/
25						75		/	/
26	/		/		/	76	/	/	/
27		/		/	/	77		/	/
28		/		/	/	78		/	/
29		/		/	/	79		/	/
30		/		/	/	80		/	/
31		/		/	/	81	/	/	/
32		/		/	/	82	/	/	/
33		/		/	/	83	/	/	/
34	/		/		/	84	/	/	/
35		/		/	/	85	/	/	/
36		/		/	/	86	/	/	/
37		/		/	/	87	/	/	/
38		/		/	/	88	/	/	/
39		/		/	/	89	/	/	/
40		/		/	/	90	16	16	16
41		/		/	/	91	16	16	16
42	/		/		/	92	16	16	16
43		/		/	/	93	10	10	10
44		/		/	/	94	10	10	10
45		/		/	/	95	10	10	10
46		/		/	/	96	9	9	9
47		/		/	/	97	9	9	9
48		/		/	/	98	9	9	9
49		/		/	/	99	9	9	9
50		/		/	/	100	7	7	7
TOTAL IND.				3		TOTAL IND.			
TOTAL DEP.				21		TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			

Sheet 2 of 2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 0919-1,182	FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1		1					51						
10 2		1					52						
10 3						9	53						
10 4						7	54						
10 5						7	55						
10 6						9	56						
10 7							57						
10 8							58						
10 9							59						
1 10							60						
1 11							61						
1 12							62						
1 13							63						
1 14							64						
1 15							65						
1 16							66						
1 17							67						
1 18							68						
1 19							69						
1 20							70						
1 21							71						
1 22							72						
1 23							73						
1 24							74						
1 25							75						
1 26							76						
1 27							77						
1 28							78						
1 29							79						
1 30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	16		16		16		TOTAL IND.						
TOTAL DEP.	91		174		174		TOTAL DEP.						
TOTAL CLAIMS	107		190		190		TOTAL CLAIMS						

should be 210

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